

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 10/682 423		FILING DATE	
						APPLICANT(S)			
CLAIMS									
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.
1			1				61		
2				1			62		
3							63		
4							64		
5							65		
6							66		
7							67		
8							68		
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37							97		
38							98		
39							99		
40							100		
41									
42									
43									
44									
45									
46									
47									
48									
49									
50									
TOTAL IND.			1				TOTAL IND.		
TOTAL DEP.				1			TOTAL DEP.		
TOTAL CLAIMS			2				TOTAL CLAIMS		